



**Rhode Island was granted a waiver by the United States Department of Labor to extend the period of initial eligibility through June 30, 2007. Refer to Application Instructions for additional information.**

**Section A: General Information**

Even if applying for multiple programs, complete this section only once at the time of submittal. (Will need to be completed again if seeking approval for additional programs in a given program year.)

IF your organization IS considered:

- ❖ **A post secondary institution, as defined by Title IV of the Higher Education Act of 1965;**
- ❖ **An entity that carries out programs under the National Apprenticeship Act, 50 Statute. (29 U.S.C. 50 et seq.)**

a certificate of insurance should be kept on file that indicates a student is covered by general liability insurance while in attendance regardless of the physical address of the training facility.

**All other public or private providers of training services** MUST submit the following documentation to the StateWorkforce Investment Office in order for your application to be considered.

- ✓ *Most recent Audit or Audited Financial Statement*
- ✓ *Evidence of General Liability Insurance (eg. Certificate of Insurance)*

**Section B: Program Information**

Please complete this section for each program being submitted.

**NOTE:** Hyperlinks are provided within this section to the mandatory **CIP Codes** and **O'NET Codes** that must be provided. Use a CIP Code that most closely corresponds to the program curriculum to be offered. Next use the O'NET Crosswalk Search to complete the Occupational Information section. **If an Occupation match cannot be found on either the Demand Occupations and/or Growth Occupations list proceed to Section C.**

Training providers are strongly encouraged to provide a published course catalog which includes cost information. In lieu of this documentation, providers must ensure that the **cost of training** to WIA customers does not exceed the training cost charged to other customers in the same program.

**Section C Justification for Missing Mandatory Program Information**

Please complete this section for each program being submitted if the program is not on the Top 50 RI Occupations By Annual Opening 2002-2012 List and/or the Top 50 RI Occupations Largest Growth 2002-2012 List. Utilize the following hyperlinks: [Demand Occupations](#), [Growth Occupations](#), and [Labor Market Information](#).

**Section D: Acknowledgements and Section E Workforce Investment Act Assurances**

Must be completed with first program(s) submittal. (Do not complete when seeking approval for additional programs in a given program year)

**NOTE: Sections D & E must have *original* signatures of the authorized official and be mailed to the address listed below.**

**Review Process:**

- ✓ Applications will be accepted throughout the year.
- ✓ A written determination of acceptance or rejection to the applying entity will be provided.
- ✓ Applications will be processed in a timely manner; but at least within thirty (30) calendar days of the receipt of the initial ETP Application.

**Contact Information:**

All applications, or requests for information should be directed to:  
Sharon Petrarca, State Workforce Investment Office  
1511 Pontiac Avenue, Bldg. 72, Third Floor  
Cranston, RI 02920  
Phone: 401-462-8856; Fax: 401-462-8787  
E-mail: [spetrarca@dlt.state.ri.us](mailto:spetrarca@dlt.state.ri.us)



Rhode Island State  
Workforce Investment  
Office

## PY 2006 Eligible Training Provider Application

### SECTION A - GENERAL INFORMATION

Organization: \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Town/City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Federal Identification Number: \_\_\_\_\_  
President/Owner of Organization: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Web Site: \_\_\_\_\_

#### Organization Information

Type of Organization (*Mark Appropriate Box*)

For Profit

Non Profit

Public/Government

Yes No Is your organization currently listed on the **Eligible Training Provider List**?  
Yes No Are you requesting approval for this program for the FIRST time?

#### Nature of Organization (*Check Appropriate Box*)

- 1). Postsecondary Educational Institution that:
  - a) is eligible to receive Federal Funds under Title IV of the Higher Education Act of 1965 (20 U.S.C. 1970 et seq.); and
  - b) provides a program that leads to an Associate Degree, Baccalaureate Degree, or certificate.
- 2). An entity that carries out programs under the Act of August 16, 1937 (commonly known as the "National Apprenticeship Act" (29 U.S.C 50 et seq.)
- 3). All other Public or Private providers of training services.

#### Financial Stability

If you checked #3 above (All other ...), you must provide **ALL** of the following documentation.

Most recent Audit or Audited Financial Statement

Evidence of General Liability Insurance (eg. Certificate of Insurance)

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**SECTION B - PROGRAM INFORMATION**

**Complete Section B** for each program being submitted.

*If necessary, please copy Section B to provide necessary information for all training programs for which you are applying*

**Organization Name:** \_\_\_\_\_

**Physical Address (site specific) of Training Facility:**

Street Address \_\_\_\_\_

City/ Town \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_

**Please indicate which of the following are the outcomes of the program:**

Certificate of Degree

Training regimen that provides skill or competencies

Employer recognized skill or Competency

**Program Name:** \_\_\_\_\_

**CIP Code:** \_\_\_\_\_ (Mandatory)

**Brief Description of Program:**

(Classification of Instructional Program)

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**Description of Skill Sets that will be acquired:**

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**Occupational Information Network Codes (O'NET)**

List up to three O'Net Codes that can be crosswalked with the Demand Occupations and/or Growth Occupations list.

Occupation	*O'NET CODE (Mandatory)

**Hours of Instruction**

Please provide the following information on the number of hours that students will be enrolled in this training program.

Program Length \_\_\_\_\_  
Other time, including lab \_\_\_\_\_  
Total Hours \_\_\_\_\_  
Class frequency \_\_\_\_\_

**Program Costs:**

Please provide the following information on costs that students are likely to incur if enrolled in this program at your organization.

Cost \_\_\_\_\_  
Other Cost, including tools, book etc. \_\_\_\_\_  
Total Estimated program costs \_\_\_\_\_

**Additional Funding Sources:**

Yes      No      Is this program eligible to qualified students for Title IV of the Higher Education Act (Pell Grant)?

Yes      No      Is this program registered under the National Apprenticeship Act of 1937?

	<b>PY 2006 Eligible Training Provider Application</b> <b>SECTION C Justification for Missing Mandatory Program Information</b>
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**Factors for Consideration:**

All training offerings must be directly related to employment opportunities. An occupation is considered an employment opportunity if the [CIP Code](#) can be crosswalked with an [O'Net Code](#) from either the [Top 50 RI Occupations by Annual Opening 2002-2012](#) List and or the [Top 50 RI Occupations with Largest Growth 2002-2012](#) List. (Section B - Program Information) has hyperlinks to these lists.

In the event a training program does not meet the criteria above, the Local Workforce Boards allow training providers to submit written justification in support of the offering for inclusion on the Eligible Training Provider List. Information should include but is not limited to the following:

Past performance information if available, current labor market information that justifies the offering is directly related to employment opportunities, proof of coordination with industry employers, examples of advertised employment opportunities, etc.

**Written Justification**

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**SECTION D - ACKNOWLEDGEMENTS**

**Organization Name:** \_\_\_\_\_

**I understand that in order to maintain eligibility and to receive training funds for a program, this organization shall:**

- A) Submit performance and any additional cost information annually to the State Workforce Investment Office at such time and in such manner as may be required, and;
- B) Annually meet the state performance levels.
- C) Agree that for WIA-funded individuals, this organization will apply the refund policy used by the Federal Government for Title IV Financial Aid Programs, if applicable, or at a minimum, the organization's refund policy.
- D) Understand that this organization will be required to provide progress reports, grades, copies of diplomas/certificates or any other credential information to the Grantors.
- E) Understand that the Grantors or its representative have the right to perform on-site visits for the purpose of counseling customers and examining pertinent records and transactions of such customers.
- F) Agree that important organizational changes affecting any part of this application will be submitted to the State Workforce Investment Office for reconsideration.
- G) Agree to retain participant program records for a period of four (4) years from the date the participant completes or exits the program.

**Signature:**

I certify that the information in this application is true and correct, and that I have the authority to sign for this organization. I have reviewed the above list of acknowledgements and are considered eligible to receive tuition payments under the Workforce Investment Act and agree to abide by them.

\_\_\_\_\_  
Name (typed)

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Title (typed)

\_\_\_\_\_  
Date

# PY 2006 Eligible Training Provider Application

## Section E - WORKFORCE INVESTMENT ACT ASSURANCES

**Organization Name:** \_\_\_\_\_

By signing the signature page below you are certifying that you have read and agree to all of the following:

- The Eligible Provider assures that it will comply with the confidentiality requirements of WIA §136(e)(3).
- No funds received under the Workforce Investment Act will be used to assist, promote, or deter union organizing. WIA (§181(b)(7)).
- The Eligible Provider will comply with the nondiscrimination provisions of Section 188, and its implementing regulations at 29 CFR part 38 (§188 and §112(b)(17)).
- The Eligible Provider will collect and maintain data necessary to show compliance with the nondiscrimination provisions of WIA §188, as provided in the regulations.
- Eligible Providers carrying out activities in the community who are in receipt of assistance from the workforce investment system or from the workforce investment system partners shall comply with the Architectural Barriers Act of 1968, Sections 503 and 5
- The Eligible Provider attests that it and its principals are in compliance with the provisions of Rhode Island "Conduct of Employee and Code of Ethics Law" (R.I.G.L. 36-14) as well as all applicable federal, state, and municipal ethics guidelines.
- The Eligible Training Provider attests that it is in compliance with all applicable provisions of the Americans with Disabilities Act (ADA) and shall make any and all reasonable accommodations to provide access and equity of services to disabled persons applying to or enrolled in any program controlled by this contract.

### GENERAL ADMINISTRATIVE REQUIREMENTS

- 29 CFR part 97 – Uniform Administrative Requirements for State and Local Governments (as amended by the Act)
- 29 CFR part 96 (as amended by OMB Circular A-133) – Single Audit Act
- OMB Circular A-87 – Cost Principles (as amended by the Act)
- OMB Circular A-21 – Cost Principles for institutions of higher education, hospitals and other non-profit organizations
- OMB Circular A-110 (29 CFR part 95) – Uniform Administrative Requirements for institutions of higher education, hospitals and other non-profit organizations
- OMB Circular A-122 – Cost Principles for non-profit organizations
- Yellow Book - Government auditing standards for for-profit organizations

### ASSURANCES AND CERTIFICATIONS

- SF 424 B – Assurances for Nonconstruction Programs
- 29 CFR part 31, 32 – Nondiscrimination and Equal Opportunity Assurance (and regulation)
- 29 CFR part 93 – Certification Regarding Lobbying (and regulation)
- OMB Circular A-129 (Rev) Certificate of Non-Delinquency
- 29 CFR part 98 – Certification Regarding Drug Free Workplace
- 29 CFR Part 98, Section 98.510 – Certification Regarding Debarment, Suspension
- **Is your organization delinquent on any federal debt?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date